



Aged Care
Standards and Accreditation Agency Ltd

70 Lowe Street

RACS ID 3476

70 Lowe Street

ARARAT VIC 3377

Approved provider: East Grampians Health Service

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 13 June 2015.

We made our decision on 24 April 2012.

The audit was conducted on 27 March 2012 to 28 March 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle**Principle:**

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems**Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Site Audit Report

70 Lowe Street 3476

Approved provider: East Grampians Health Service

Introduction

This is the report of a site audit from 27 March 2012 to 28 March 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct a site audit. The team assesses the quality of care and services at the home, and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Site audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the site audit from 27 March 2012 to 28 March 2012

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Stephen Koci
Team member:	Jennifer Clarke

Approved provider details

Approved provider:	East Grampians Health Service
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Details of home

Name of home:	70 Lowe Street
RACS ID:	3476

Total number of allocated places:	45
Number of residents during site audit:	40
Number of high care residents during site audit:	40
Special needs catered for:	Nil

Street:	70 Lowe Street	State:	Victoria
City:	Ararat	Postcode:	3377
Phone number:	03 5352 9330	Facsimile:	03 5352 5676
E-mail address:	helen.watt@eghs.net.au		

Audit trail

The assessment team spent two days on-site and gathered information from the following:

Interviews

	Number		Number
Management	10	Residents	5
Registered nurses	3	Representatives	2
Enrolled nurses	6	Cleaning staff	2
Lifestyle coordinator	1	Catering staff	1
Infection control coordinator	1	Administration assistant	1
Maintenance staff	1	Human resource officer	1
Supply officer	1	Speech pathologist	1

Sampled documents

	Number		Number
Residents' files	8	Medication charts	10
Resident agreements	5	Supplier agreements	4
Personnel files	5		

Other documents reviewed

The team also reviewed:

- Annual essential safety measures report
- Annual report and business plan
- Audits
- Catering documentation, food safety program, external audits, dietary needs information and menu
- Cleaning documentation
- Compliments or concerns forms and reports
- Elder abuse register
- Emergency procedures manual and evacuation list
- Fire fighting equipment service records
- Hazard/risk assessment forms
- Improvement reports
- Induction and orientation program checklist and information
- Lifestyle documentation, newsletter and program
- Meeting agendas and minutes
- Nurse registration register
- Occupational health and safety documentation
- Plans for continuous improvement
- Police check register
- Policy and procedures
- Position descriptions
- Register of dangerous drugs
- Resident information handbook and information package
- Responsibilities for nurse allocated resident
- Rosters

- Staff handbook
- Surveys

Observations

The team observed the following:

- Activities in progress
- Chapel
- Cleaners trolley, room and chemical storage
- Equipment and supply storage areas
- External compliant service information brochures and posters
- Fire fighting equipment and fire panel
- Hand washing facilities
- Interactions between staff and residents
- Internal and external living environment
- Kitchen
- Lounge areas and kitchenettes
- Meal service and delivery
- Medication storage and administration
- Mobility equipment
- Noticeboards and blackboards
- Personal linen room
- Staff room
- The Pyrenees Cafe

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in management, staffing and organisational development. The systems for residents and representatives include improvement reports, resident, relative and friend meetings, resident satisfaction surveys and informal feedback. The system for staff includes forms, health service staff survey, direct feedback, audits and staff meetings. Continuous improvements are identified, documented on continuous improvement logs and then recorded on a register and are monitored and evaluated via the home’s quality control system. Feedback on continuous improvements is provided via direct feedback or at meetings. Residents, representatives and staff advised they are satisfied that continuous improvement occurs at the home.

Examples of continuous improvement in Standard one include:

- Following identification of gaps in the home’s audit tools management reviewed and updated all audits. Document review confirms that audits are completed across the Accreditation standards.
- Following a review and updating of the forms used at the home, management implemented a system where staff access current forms on the intranet. The new forms have a version number and staff received training on how to access the forms. Staff report that they can access updated forms as required.
- Following identification of gaps in the home’s rostering system management reviewed the system and introduced new process. Management report that the new system ensures that appropriate staff skills mix is maintained at all times and has improved accountability and the system can be easily reviewed by management.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s findings

The home meets this expected outcome

The home has a system in place for identifying relevant legislation and regulatory requirements and ensuring compliance with professional standards and guidelines. The home receives regulatory information via the quality and risk management department. Any relevant regulatory compliance information is then discussed at the home’s regular meetings. Residents and representatives are informed of changes to regulatory compliance through meetings, directly and via the home’s noticeboards. Staff are informed via handover, memoranda, updates to policy and procedures, noticeboards and at staff meetings where regulatory compliance is a standing agenda item. Regulatory compliance regarding

management systems, staffing and organisational development is monitored through audits and observations. Effective staff, volunteer and service provider credential and police check processes are in place. Staff interviews confirm they are informed about regulatory compliance.

1.3 Education and staff development:

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

The home has systems in place to identify and provide education and staff development opportunities both within and outside the home. The home has developed a planned annual calendar of events. The content reflects topics as a result of information received through the staff appraisal system, legislative requirements, results of audits and incidents, and from external media education programs. Staff meetings, observation of resident needs and annual compulsory training programs also provide direction on relevant topics to be included in the education program. Management maintain records on staff attendance and evaluation of education sessions. Staff stated that management actively supports continuing tertiary education, Residents expressed their satisfaction with staff knowledge and skills.

Recent education relating to Standard one includes:

- Graduate certificate in health professional education
- Diploma of nursing
- Bachelor of nursing
- Preparation for accreditation

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

The home has a comments and complaints mechanism that is accessible to residents, representative's staff and other stakeholders. The home's mechanisms of access include 'compliments or concern' forms with envelopes, resident, relative and friend meetings where it is a standing agenda item and an 'open door' policy to access management. Information on the home's complaint mechanisms are communicated through the resident information booklet, resident agreements and the admissions pack. Brochures about the external complaints service and the compliments or concern forms are displayed and are available to residents and representatives. All written complaints go directly to the executive assistant to the chief executive officer and are recorded on a register and reported. Complaints are actioned in a timely manner and residents and representatives get feedback directly or by letter. The home has processes for the handling of confidential complaints. Residents, representatives and staff confirm their knowledge about the home's comment and complaints processes and feel comfortable to raise any concerns.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The corporate body has documented its vision, values, philosophy and objectives and commitment to continuous improvement. This information is displayed throughout the home and is in the resident's information handbook provided to residents' upon entry to the home and is the annual report and on the internet. The vision and values and commitment to continuous improvement are conveyed to staff in documents such as the staff handbook and on the intranet and internet. The organisation structure, values and strategic plan are discussed as part of the home's orientation program.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

Centralised organisation human resource management processes and procedures support the home. Management assesses and determines the skills of staff through the initial application process further supported by initial and on-going probation assessments, observation and annual performance appraisals. The executive management team is informed by industrial relations requirements in determining if staff hours require extending to meet resident care, lifestyle and service needs. Registered and enrolled nurses are rostered 24 hours a day, seven days a week. The home has a small pool of casual staff available, as required. Registered and enrolled nurse registration monitoring occurs on a routine basis. Residents and their representatives stated the home has sufficient staff to provide appropriate care, lifestyle and service needs and preferences.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

The home has appropriate stocks of goods and equipment to ensure quality resident care and service delivery. Stock control and replacement of stock occurs as a result of regular inventory review. Inspection and checking of goods and equipment occurs on arrival and the home trials and evaluates new equipment as needed. Clean, safe and secure areas allow for the storage of stock, goods and equipment. There is a responsive and preventive maintenance program. Staff stated goods and equipment are always available, in good working order and residents expressed their satisfaction with the quality of goods and equipment provided.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

The home has effective communication systems to provide stakeholders with relevant information to guide staff work practices and ensure effective delivery of resident care, wellbeing and services. Stakeholders receive a range of information through attendance at meetings and reading associated minutes, shift handover, meetings, newsletters, memoranda and notices. The home's electronic information systems have regular back up and information is securely stored, archived and destroyed. Residents stated they are satisfied with the feedback they receive from the home.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The home has systems and processes in place to ensure all external services are provided in a way that meets the residential care service's needs and service quality goals. External services at the home include laundry services, hair dressing, fire system testing and lifting machine servicing. Allied health services are provided to the home via the connected hospital. Contracts entered into specify the required standards, timeframes and regulatory compliance requirements. External services are monitored through audits, observations and feedback direct from stakeholders about the quality of service to the home. Residents and representatives confirmed that they are satisfied with the home's external services.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in resident health and personal care. The continuous improvement system is described in Expected outcome 1.1 Continuous improvement. Residents advised that they are satisfied that they receive appropriate clinical care. Staff also confirm improvements have occurred in resident health and personal care.

Examples of continuous improvement in Standard two include:

- Following representative feedback management have introduced a range of specialised nursing competencies. Management report that the competencies give staff the skills and knowledge to care for residents with specialised care needs.
- Following an audit, clinical care staff have been allocated a certain amount of residents that they provide care. Management report that information on the allocation and responsibilities have been distributed to staff and management plan to complete an audit to get feedback on the new system.
- Management have introduced a system where doctors have access to their own care system via a computer at the home. Management report that the new system enables doctors to access current information and they can enter information directly into the system.

2.2 Regulatory compliance

This expected outcome requires that “the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team's findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards as described in Expected outcome 1.2 Regulatory compliance. Staff state that they are informed about regulatory requirements by management.

Examples of responsiveness to regulatory compliance relating to Standard two include:

- The home has processes to monitor the current registration of nursing staff
- The home has systems and processes in the event of a unexplained resident absence
- The team observed that medications are stored and administered according to legislated processes.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

The home offers a variety of educational topics to staff related to resident’s health and personal care. Further topics may be as a result of incidents, resident health needs and legislative requirements. Management support staff in undertaking further study to obtain additional care and nursing related qualifications. Information about the home’s education systems and processes is described in Expected outcome 1.3. Contemporary clinical information and resources are available for staff. Staff expressed their satisfaction with educational opportunities available to them and records reflect the provision of education.

Recent education in Standard two includes:

- Wound care
- Diabetes in residential aged care
- Vision impairment
- Medication administration
- Resident centred care and the changing face of aged care

2.4 Clinical care

This expected outcome requires that “residents receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

Residents receive appropriate care which meets their capabilities and preferences. The home has an ongoing review and evaluation system for identifying residents’ personal health and care needs. An individual care plan is developed from medical, allied health and personal information gathered from the resident and/or representative on entry to the home. The registered nurse reviews and evaluates the resident’s care plan regularly. Monitoring of clinical outcomes occurs through internal assessment processes, key performance indicators and staff observation. The monitoring of staff practices occurs through the quality system and compliance with the home’s policies and procedures. The review of care plans and interviews with staff shows that the residents care needs are met, Care provided is usually consistent with documentation and updated as required. Residents and representatives stated care consultation occurs regularly and they are very happy with the quality of care provided.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Appropriately qualified staff provide residents’ specialised nursing care needs. A specialised care plan guides staff in the delivery of residents’ care. Registered nurses oversee the provision of specialised care such as wound care, diabetes management and indwelling catheters. The review of documentation confirms that registered staff provide specialised care needs in accordance with instructions from medical and/or allied health professionals. Staff feedback and the review of documentation indicate resources and internal auditing together with education support staff in the delivery of specialised care. There is sufficient equipment and supplies available to perform specialised care needs. Residents and

representatives' stated they are satisfied with the manner in which their specialised care needs are provided.

2.6 Other health and related services

This expected outcome requires that "residents are referred to appropriate health specialists in accordance with the resident's needs and preferences".

Team's findings

The home meets this expected outcome

Registered staff refer residents to appropriate health professionals in accordance with their identified capabilities and preferences. The review of documentation together with staff, resident and representatives' feedback indicates referrals to allied health professionals occur to improve resident outcomes. Documentation and interviews with residents and representatives indicates referrals to specialists occur and include; pathology services, medical specialists, optometrists, physiotherapists, dieticians, dentists, audiologists, speech pathologists, wound consultants, mental health team's and complementary therapies. Residents provided positive feedback regarding foot and hand care provided by a trained enrolled nurse. Residents and representatives stated they are satisfied with the referral process to access allied health professionals.

2.7 Medication management

This expected outcome requires that "residents' medication is managed safely and correctly".

Team's findings

The home meets this expected outcome

Medications are stored safely and managed in accordance with legislation. The medication management system includes a resident assessment, a medication plan and an internal and external review process to capture any changes. The medication chart records the residents' special considerations, the level of assistance required to administer medications and their allergies. The review of documentation and interviews with staff confirm the monitoring of staff practices through competency assessments, auditing and the review of incident reports. The medication advisory committee which meets three monthly reviews all medication incidents. The team observed staff follow the home's procedures when administering medications. Residents stated that they receive their medications on time.

2.8 Pain management

This expected outcome requires that "all residents are as free as possible from pain".

Team's findings

The home meets this expected outcome

Residents are as free as possible from pain. Residents' pain levels and management strategies are assessed on entry to the home and then as needed. A specific assessment tool captures the pain levels of residents who are not able to communicate their needs. Care plans identify the location, intensity, triggers and effective interventions for the pain. Registered nurses record pain evaluations and resident's response to planned interventions in the progress notes. The review of care plans and discussions with staff demonstrate alternatives to pain medication are used such as heat packs, repositioning and exercise. The exercise program provided by lifestyle staff further assists with managing pain relief. Residents' confirm pain relief interventions are effective.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s findings

The home meets this expected outcome

Residents’ have terminal care directives and preferences discussed on entry to the home and as required. Care needs and wishes are reassessed with the resident and representative annually and as the resident's condition changes. When indicated, resident’s terminal care wishes and preferences guide staff in the delivery of care. Registered nurses manage and direct care through the handover process and progress notes. External palliative care consultants, counselling services and spiritual representatives provide expertise and support for residents and their representatives who require palliation. Feedback from resident representatives confirms that representatives are satisfied with the manner in which palliation is provided to their loved one.

2.10 Nutrition and hydration

This expected outcome requires that “residents receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome

Residents receive adequate nutrition and hydration. Processes are in place for identifying, assessing and reviewing residents’ nutrition and hydration status. Clinical indicators such as weight loss and swallowing difficulties trigger referrals to the resident’s medical doctor, the speech pathologist or dietician. Strategies are in place for residents with weight loss or swallowing difficulties such as food charting, nutritional supplements as well as changes to food and fluid textures. The review of documentation confirms resident information on dietary preferences, cultural needs, medical requirements and the need for assistive devices is generally transferred to the kitchen. Meals are well portioned with refreshments available throughout the day. Residents and representatives are happy with the quantity, quality and choice of the meals provided.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Residents’ skin integrity is consistent with their general health. Staff observe and assess residents’ skin integrity on entry to the home to identify residents that may require additional interventions. Residents’ skin integrity is assessed using a risk rating tool and monitored through staff observation, care reviews and the incident reporting system. Registered nurses oversee the care and evaluation of wounds and a wound consultant is accessed as required. Residents and representatives’ state interventions are implemented to improve skin integrity such as the use of creams, repositioning, pressure relieving equipment and limb protectors. The review of documentation indicates staff reposition, massage and monitor residents’ skin integrity. Staff attend manual handling training and work practices are supported through the provision of lifting equipment to maximize residents’ skin integrity. Residents and representatives stated they are satisfied and audit results confirm the processes for maintaining skin integrity are effective.

2.12 Continence management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Care staff assist residents in managing their continence needs effectively. There is an ongoing review and evaluation system for identifying residents’ continence needs. Residents are assessed on entry to the home and as required. The process includes charting residents’ urinary and bowel continence over a three to seven day period and evaluating the results to develop a continence care plan. Care plans include toileting times, continence aid types, triggers for residents with chronic urinary tract infections and bowel management interventions. Staff are aware of the triggers to reassess residents’ continence needs. The monitoring of staff practice occurs through education, auditing and the review of infection rates. Staff stated there are adequate supplies of continence aids available. Residents and representatives stated they are happy with the systems for managing continence.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

Residents with challenging behaviours are managed effectively and safely at the home. Systems are in place for identifying, assessing and monitoring residents with challenging behaviours. Residents are assessed over seven days with strategies recorded on their care plans. Documentation reviewed indicates appropriate action is generally taken for re-directing or implementing interventions. Staff interviews confirm they are aware of resident’s behavioral triggers and effective interventions. Mental health teams are accessed to improve resident outcomes. Staff are aware of processes to follow in the event of an unexplained resident absence. The team observed staff engaging with residents and redirecting them when necessary. Residents and representatives stated staff practices are effective for managing residents with challenging behaviors.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all residents”.

Team’s findings

The home meets this expected outcome

The physiotherapist, lifestyle and care staff team assist residents in maintaining their mobility and dexterity at optimum levels. There is an ongoing review and evaluation system for identifying residents’ mobility and dexterity levels. The program offered focuses on maximising functionality through walking programs, tai chi and balance programs which has resulted in measurable outcomes. The physiotherapist assesses the resident’s capabilities and interventions required to promote and maintain their mobility and dexterity. Care staff assist and supervise residents undertaking their individual exercise programs. A falls risk assessment is a component of the assessment process. Residents’ identified as a high falls risk have strategies recorded on their care plans such as hip protectors, high low beds, increased monitoring and environmental reviews. Staff stated policies and procedures are in place for falls management and the physiotherapist and doctor review residents after an incident. The home has mobility and dexterity aids available and these were observed to be in good working condition. Residents and representatives are very happy with the management of their mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care staff effectively manage residents’ oral and dental health. Staff assess and regularly review residents’ oral and dental needs. The resident’s oral and dental care plan identifies the type of oral care required, their preferences and the resident’s capabilities of undertaking this task. Documentation reviewed indicates staff observe residents and their ability to maintain their oral hygiene and update care plans accordingly. Residents’ are encouraged to visit their own dentist and, when required, staff assist residents in accessing dental services. Staff confirm their knowledge of residents’ oral care needs and residents stated they are satisfied with the level of assistance provided.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

The care team manage residents’ sensory losses effectively. Staff assess residents’ sensory abilities such as vision, hearing, communication and language on entry to the home. Documentation confirms the regular review of residents’ sensory needs. Care plans have documented strategies to improve residents’ sensory losses. Consultation with health professionals such as optometrists, dentists and audiologists occurs to improve resident outcomes. The lifestyle schedule provides sensory and tactile programs to further enhance residents’ sensory stimulation. Residents and representatives’ stated they are happy with the assistance staff provide to improve and enhance their senses.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Residents are able to achieve their natural sleep patterns. Care staff chart residents’ sleep behaviours and patterns over seven days. Care plans record the residents’ sleeping preferences and routines. Night staff regularly review residents sleep patterns and update care plans. The promotion of natural sleep patterns are maintained through individual settling times, reassurance, environmental considerations as well as providing warm drinks and/or snacks. The review of documentation indicates that residents who are unsettled overnight have interventions recorded for triggers such as pain, behaviour and continence. Residents stated the home is quiet at night, their preferences respected and generally sleep well.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements in resident lifestyle. The continuous improvement system is described in Expected outcome 1.1 Continuous improvement. Residents, representatives and staff are satisfied with the homes improvements in the area of resident lifestyle

Examples of continuous improvement in Standard three include:

- Following resident and representative feedback management and the ladies ancillary have purchased new furniture for the home’s sitting rooms. Management report and observations confirm that the new furniture has improved the living environment and made it more homely.
- Following families feedback that live interstate, management have implemented an internet based phone call system. Management and staff report that the new system is used by residents to stay in contact with families that live interstate or overseas.
- Following observations and resident feedback management purchased china cups. Management and staff report that residents enjoy using the new cups and have been drinking more since they have been using the china cups.

3.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle”.

Team’s findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards as described in Expected outcome 1.2 Regulatory compliance. Residents and representatives confirm they are informed of residents’ rights and responsibilities.

Examples of responsiveness to regulatory compliance related to Standard three include:

- The home has systems to demonstrate compliance related to residential agreements
- The home has policies and procedures around confidentiality of resident information
- Policies and procedures are in place regarding reportable incidents such as elder abuse.

3.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

The home offers a range of educational topics related to resident’s lifestyle. Opportunities available to staff for development of skills and to enhance knowledge occur by attending

external conferences and seminars, participating in tertiary education and the home's internal training program. Staff confirmed their involvement and diversity of education provided and residents expressed their satisfaction with the knowledge and skills of staff involved in the lifestyle program.

Recent education in Standard three includes:

- Certificate IV in leisure and lifestyle
- Diploma of community services coordination
- Elder abuse

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

The home supports residents in adjusting to life in the home and on an ongoing basis. Residents' emotional support needs and preferences are assessed upon entry to the home and care plans are developed to meet their needs. Review of residents' emotional support needs occurs on a regular basis by nursing and lifestyle staff and care plans are updated as required. Residents and representatives are provided with a resident information handbook to assist their orientation to the home. The home can access a counselling service through the attached hospital and lifestyle staff run a one to one visiting program. Residents and representatives confirm their satisfaction with the initial and ongoing emotional support they receive at the home.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service. Initial and ongoing assessment and care planning processes identify, assess and plan for residents' physical, social, cognitive and emotional needs. Strategies to maximise independence include freedom of movement within the home, access to outside areas and the use of individual mobility aids. The home can access a physiotherapist through the attached hospital and Macquarie house to assist residents with a disability. The home welcomes visitors and maintains contact with local community groups and schools and supports residents to attend community programs. Residents and representatives confirm they are satisfied residents' independence is supported by the home.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

Residents' right to privacy, dignity and confidentiality is documented and respected by staff. A privacy policy is in place and is available on the home's intranet. The home has single rooms or double rooms with ensuites. The home has large sitting areas or a private lounge

areas with kitchenettes for residents to meet privately with friends and family. Staff describe appropriate practices to protect residents' privacy and dignity including knocking on doors and waiting for a reply, using privacy curtains and calling residents by their preferred name. Residents and representatives confirm and the team observed that staff respect residents' rights to privacy and dignity.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Residents are encouraged and supported to participate in a wide range of interests and activities of interest to them. A lifestyle profile is completed on entry to the home in consultation with residents and representatives and includes background information, relevant family details, places lived and a recreational profile. A care plan is formulated for each resident and lifestyle staff review participation records regularly. The monthly program includes men's takeaway, word games, happy hours, cooking, board games and one to one time with residents. Lifestyle staff also produce a monthly newsletter to keep residents updated on the lifestyle program. The effectiveness of the activity program in meeting individual residents' needs is unofficially evaluated and feedback on the program is obtained via surveys, 'compliments or concern' forms', direct feedback and at resident meetings. Care and lifestyle staff communicate effectively regarding residents' needs and individual programs. Residents and representatives are satisfied with the lifestyle program and confirm residents are supported to participate in a range of activities at the home.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

The home values and fosters individual interests, customs, beliefs and the cultural and ethnic backgrounds of the residents. Residents' cultural, religious and spiritual affiliations are identified on entry to the home. Regular church services are provided for residents at the home including a regular catholic service. The home holds special days throughout the year. Staff can access culturally specific information to assist in meeting individual cultural needs as required. Residents and representatives report they are satisfied with the home's response to their cultural and spiritual needs.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

The home has processes in place which promote residents' right to exercise choice and control over their lifestyle. Residents and representatives are encouraged to participate in the assessment process. The home provides residents' and representatives with regular meetings to provide feedback on the home. Management have an open door policy to ensure they are easily accessible if needed. The home has a petty cash system in place. There is a wide range of activities on offer and residents' can choose their participation levels.

Residents and representatives confirm that their individual choices and decisions are encouraged, respected and supported by management and staff at the home.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

The home has a system in place to ensure residents have secure tenure within the residential care service and understand their rights and responsibilities. Information about security of tenure and residents' rights and responsibilities is provided in the residential care agreement. The Aged care admissions manager discusses these with residents and representatives. Any change of rooms or movement of residents will only occur after consultation with residents and/or representatives. Residents' rights and responsibilities, security of tenure information or any financial questions can be clarified on an ongoing basis through the aged care admissions manager and is discussed in the resident information handbook. Residents and representatives confirm that residents have secure tenure within the home and are aware of their resident's rights and responsibilities.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

The home has a continuous improvement system that demonstrates improvements reflecting the physical environment and in the area of safe systems. The continuous improvement system is described in Expected outcome 1.1 Continuous improvement. Staff confirm that ongoing improvements occur at the home. Residents and representatives are satisfied with the safety and comfort of the home’s environment.

Examples of continuous improvement in Standard four include:

- Following an incident management have reviewed and updated the call bell systems at the home that include non slip backs on call bell buzzers so they don’t slip, assistance buttons in toilets and showers and liquid crystal display boards. Management report that the new system has improved the response times by staff to call bells and staff can request assistance easier.
- Following feedback at a resident meeting management have replaced the home’s internal and external keypads with steel keypads. Management report that the new keypads are more reliable and last longer than the old keypads.
- Following staff feedback management have implemented plastic shoe covers. Management report that the covers improve infection control when staff are assisting residents to have showers.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s findings

The home meets this expected outcome

The system used to identify and ensure compliance with all relevant legislation, regulatory requirements and professional standards is described in Expected outcome 1.2 Regulatory Compliance. Staff confirm compliance with safe working practices within the home.

Examples of responsiveness to regulatory compliance relating to Standard four include:

- Chemicals are stored in locked rooms within the home with relevant material safety data sheets.
- Ongoing monitoring of the safety of fire safety systems.
- The home has an audited food safety plan and has appropriate auditing of kitchen systems

4.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

Refer to expected outcome 1.3 Education and staff development for information about the homes education systems and processes.

An effective education program for staff across all areas in relation to health and safety is available. The induction/orientation process and annual compulsory training program provides topics including manual handling, fire safety and infection control. Records reflect all staff received training in hand hygiene and support staff received training in food safety. Information about the home's education systems and processes is described in Expected outcome 1.3. Staff demonstrated knowledge in the areas of occupational health and safety, fire and evacuation systems and infection control.

Recent education in Standard four includes:

- Emergency preparedness
- Infection control
- Basic life support
- Manual handling

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings

The home meets this expected outcome

The home has systems and processes in place to assist in providing residents with a safe and comfortable environment consistent with the residents' care needs. Residents are accommodated in either single rooms with an ensuite or double rooms with a shared ensuite and residents are encouraged to personalise their rooms. Internal and external areas available for the use of residents and their representatives including kitchenettes and a variety of lounge areas. The home's buildings, grounds and equipment are maintained through regular servicing and maintenance programs by the hospital's maintenance department or external contractors. Residents and representatives confirm that the living environment is safe, secure, clean and comfortable.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

The home has systems in place to provide a safe working environment that meets regulatory requirements. There are systems in place to identify and evaluate incidents and hazards and take appropriate actions to resolve issues. The systems at the home include hazard/risk assessment forms and incident reports. Staff receive training at orientation and on an ongoing basis throughout the year relevant to occupational health and safety. Manual handling education is part of the mandatory training at the home and is mandatory. The occupational health and safety representatives at the home have completed formal

occupational health and safety training. The organisation's occupational health and safety committee meets regularly to discuss occupation health and safety matters and staff report at the home's regular staff meetings where occupational health and safety is a standing agenda item. The names of the representatives are displayed on posters around the home. Management and staff demonstrate safe working practices and knowledge of occupational health and safety.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

Management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks. Emergency and evacuation plans are displayed, emergency exits are clearly signed and free from obstructions and fire training occurs regularly at the home. The home is equipped with fire fighting equipment that is regularly serviced and includes sprinklers, smoke detectors, extinguishers, exit lights, fire blankets, fire doors and fire fighting unit. The home also has backup water storage. Chemicals are stored safely and securely. The home is secured in the evenings and has backup lighting in case of a blackout and also has a large generator. The home has an emergency procedure manual and an updated evacuation list of residents that is accessible to all staff. Staff confirm that emergency training regularly occurs at the home.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

The home demonstrates its infection control program is effective in identifying and containing infection. There is information on infections and other data regarding useful management procedures. Staff practice is consistent with industry standards and guidelines. There is a food safety program and pest control measures are undertaken. Residents are encouraged to have vaccinations with records kept of the same. There is monthly data collection regarding infections with the information reported at a range of meetings. Risk assessments and quality activities ensure an effective infection control program. Staff stated they have received education and are encouraged to undergo routine vaccination.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home has effective systems in place to enable the provision of catering, cleaning and laundry services that enhance residents' quality of life and the staff's working environment. All food is prepared in a central kitchen and sent to the home to be re-heated and served. Monitoring mechanisms in the kitchen include external audits and reports and food safety logs. The home's four week rotating menu is reviewed by a dietitian. Residents' individual dietary needs and preferences are collected upon entry to the home and are generally provided to the kitchen as well as any changes. Schedules are in place to ensure that cleaning tasks are completed and the home was observed to be clean during the visit. Contractors launder all linen including resident personal laundry. Adequate linen services

were observed by the team and all residents clothing is labelled. The home has a system to manage lost property. Staff and residents confirm that they are satisfied with the home's catering, cleaning and laundry services.